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 2 420 Coal, S.E. # 7
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CLERK U.S. DISTRICT COURT WESTERN DISTRICT OF WASHINGTON AT TACOMA	
BY	DEPUTY

4 UNITED STATES DISTRICT COURT
 5 WESTERN DISTRICT OF WASHINGTON
 6 AT TACOMA

6 MANSOUR M. VERACRUZ

7 Plaintiff,

8 - VS -

9 M.B. HENDRIX, et al.,
 10 DONALD E. BAUERMEISTER, M.D.
 11 FRANCISCAN HEALTH SYSTEMS

12 Defendant (s)

CASE NO. C14-6029BHS

AMENDED COMPLAINT FOR DAMAGES
 CONSTITUTIONAL AND CIVIL RIGHTS
 VIOLATIONS SEEKING INJUNCTIVE AND
 DECLATORY RELIEF. MEDICAL MALPRACTICE
 AND 42 U.S.C. 1983 DEPRIVATION OF
 CONSTITUTIONAL RIGHTS.

JURY TRIAL DEMANDED

13 NATURE OF THE CASE

14 1. This is an action for false imprisonment, false claims under
 15 31 U.S.C. 3729 - 3733, negligence, lack of informed consent.,
 16 the right to be informed originates from four primary sources.
 17 Informed consent is found under the right to privacy. The defendants
 18 gave false information to the plaintiff and removed his leg up to the
 19 groin and therefore gave false information to the government who had
 20 to pay for the surgery.

21 JURISDICTION AND VENUE

22 2. Subject matter jurisdiction is conferred upon this Honorable Court
 pursuant to 28 U.S.C. 1331 and 1332(a)(1).
 3. Venue in the Western District of Washington is proper under Title
 42 U.S.C. 1983 and 28 U.S.C. 1391(a).

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5. Defendant M.B. Hendrix is a doctor employed with the Franciscan Health System (also known as ST. Joseph Hospital).

FACTUAL STATEMENT

8. Plaintiff didn't know anyone in Tacoma, Washington so at first plaintiff refused to leave. A couple of day's later, a woman came and carried plaintiff to what was a "senior citizen apartment Building, to review. It was nice and clean, all seniors.

1 9. However, on the discharge date November 11, 2011 when the
2 woman and the transport came to deliver me to the "senior-
3 apartment", it turns out they had changed apartment, and they put me
4 into this apartment on 12 St. Helen St., that I had not inspected.

5 10. The apartment had two bedrooms and the bathroom had an four inch ledge
6 ledge which prevented the plaintiff from taking a shower.

7 The toilet was too small and close to the wall.

8 11. The plaintiff's bowels were impacted severely. The Human Services
9 department, had arranged for plaintiff to have a primary physician by
10 the name of Dr. Kenneth Sahbata, the first thing the doctor did was
11 prescribe plaintiff to a bunch of pain killers, "methadone and oxycontin."

12 12. It is false that plaintiff was referred to Dr. Hendrix by Dr. Sahbata,
13 There was a woman doctor, "Tam" I believe it was, this doctor was standing
14 around in the hallway talking to his self. She said maybe this doctor
15 can help you. Dr. Hendrix walked over gave me his card, which stated
16 that his speciality was "fractures and wounds". But the doctor could
17 not speak directly to plaintiff, "he would turn side-ways while talking,
18 and he would not look me directly in the eye. The doctor stated that
19 maybe he would "debride" the foot. He said that "when he debride he really
20 debride". To debride is to cut away dead flesh to as to let the wound
21 heal.. The next day, Dr. Hendrix returned and stated that he thought
22 plaintiff should let him cut-off plaintiff's foot. This doctor had
never examined plaintiff and over night, went from wanting to debride
to wanting to cut off plaintiff's foot. He scared plaintiff so bad, that
plaintiff got up and got dressed and left the hospital.

1 13. Plaintiff went home and during the course of the week Jim Watts,
2 who the state of Washington Human Services had "assigned" to befriend
3 plaintiff, He is an behavioal science counseling employee Mr. Watts has,
4 an address at 5475 Steilcoom Blvd in Lakewood, WA 98499, lcs@wa.net
5 (253) 537-2145 his zip is 98499. He is the person that allegedly
6 found plaintiff "laying on the ground covered in feces" What actully
7 occurred, is that Jim Watts, had came over and plaintiff had reached
8 over to turn on his computer and fell out of the wheelchair and ended
9 of on the floor. Jim Watts left plaintiff there because Watts allegedly
10 could'nt pick the plaintiff up. He told plaintiff, "if your still laying
11 there in the morning I'll call 911". Sure enough plaintiff was still there
12 in the morning. Plaintiff is so disabled he could'nt get-up.

13 When the anbulance ; arrived Jim Walls told them to take plaintiff to the
14 hospital". Plaintiff told them he did'nt want to go, that plaintiff only
15 wanted to be set into the wheelchair., but Mr. Watts insisted, and they
16 fourced plaintiff onto their stretcher.

17 14. Upon arrivel at the hospital, Mr. Watts loundly proclaimed that
18 plaintiff's " leg had poisoned and that plaintiff, needed his leg cut-
19 off!". As it turned out, "Dr. Hendrix was an friend of Mr. Watts.

20 They admitted plaintiff and Dr. Hendrix was notified.

21 15. Again plaintiff resisted surgery, but Dr. Hendrix insisted that the
22 leg would kill plaintiff. Attached hereto and made part of this record
as "EXHIBIT A", is the disclosure request made by plaintiff and its return,
the entire report attached hereto as "EXHIBIT B"

Plaintiff requested 'All Records including the radiology reports, pre-
surgery exam reports".

1 16. As evident in exhibit B, there was no such report. The standard
2 procedure is that "if osteomyelitis is suspected he or she will order
3 a bone biopsy. During a bone biopsy, a doctor takes a small sample of bone
4 bone to send to the lab. The bone sample can be taken with a needle or by doing
5 doing surgery. Often the best way to get a good bone sample is through
6 surgery. It's important to get a good sample, because knowing what
7 kind of germ is causing the infection can help doctors choose the right
treatment."(Wolters Kluwer Health)

8 17. The record does not reflect any such test by the defendant
9 The defendants asked plaintiff to sign a waiver allowing them to obtain
10 records from Harbor View Medical center. That record showed that plaintiff had
11 had six-years previously lost two toes to osteomyelitis. At that time
12 an doctor 'showed plaintiff x-rays where the bone had been eaten away.
Osteomyelitis is like cancer, only it effects bone matter not flesh.

13 19. This was a medical lynching, if there was osteomyelitis the defendant
14 would not have had bone to cut through. At exhibit B the defendant gives
15 an almost gleeful account of how he "sawed and cut through the femoral bone.
20.

16 20 Again the defendant presented no evidence that plaintiff's leg need to come
17 come off. The defendant left nine-inches, why was'nt that taken off?
18 See, attached hereto as 'EXHIBIT C', photos of the result of the ampu-
19 tation. It left plaintiff so disabled until plaintiff can't lay on his side
side or sit on an normal toilet

20 21. Thirty-days after the surgery, plaintiff had an appointment to have
21 the 'stitches' removed. When plaintiff arrived, defendant refused to
22 remove the stitches and told plaintiff "I gonna take no stitches out,
let them people down there where you stay at take them out".

1 22. Them people he was spesking of was the nursing- home the hospital
2 had sent plaintiff t. They only has one nurse that attempted to remove
3 the stitches, nurse Wendy, it took her entire week and to this day, all
4 of the sticthes are,nt out.

5 23. I asked the defendant doctor if I could get an prosthetic limb,
6 he said" you ain't getting no prosthetic. That was the last time that
7 I spoke with Dr. Hendrix. Plaintiff stayed in the nursing-home six month.
8 One month later Dr. Keenth Took plaintiff off all pain relievers and plaintiff
9 had to whithdraw, cold-turkey, it was horrible.

10 24. The plaintiff wil respectfully pray to enjoin the pathologist to
11 this action as a defendant.

12 27. This is a case of vicarious liability with multiple defendants,
13 the pathologist Donald E. Bauermeister, M.D. lied and falsified an post-
14 surgical report on behalf of his friend Dr.Hendrix.

15 28. The Honorable Court will notice the are no record of any pathological
16 reports prior to the amputation of plaintiff leg.

17 29. Plaintiff realleges paragraphs 7 through 27

18 30. Plaintiff believe that the defendants have violated the First and
19 Fifth Admenment to the United States Constitution in addition to the
20 Privacy Act 5 U.S.C. 552a. These acts are actually criminal in nature.

21 31. Because of the false information put into various records since
22 the amputation plaintiff has been passed around to various nursing
homes and kept heavily sedated, plaintiff have only been free of such
for less than one-year.

1 32. Upon information and belief at the time of the amputation the doctor
2 was suffering from Alzheimers which should have been disclosure as
3 part of "the informed consent process."
4 33. The hospital knew or should have known that the defendant was "Nuts",
5 but since he was cutting off the leg of someone they assumed did'nt
6 have friends or family in the area, they did'nt careless.
7 Harborview played a hand in this, when all of the evidence come in
8 plaintiff will as to admend the complaint again to perhaps add
9 an federal conspiracy count.
10 The plaintiff realleges paragraphss 27 through 32.

11 PRAYER FOR RELIEF

12 WHEREFORE for good cause shown the plaintiff thus request

13 A Enter judgement against each defendant and in
14 favor of plaintiff for the violations alleged in this complaint.

15 B Punitive Damages.

16 C. Revovation of medical certification

17 D. Compensatory Damages.

18 Respectfully Submitted,

19 Mansour M. Veracruz
20 420 Coal, S.E. #7
21 Albuquerque, New Mexico 87102
22 (505) 448-9252
mansourveracruz@gmail.com

Authorization to Release Information

I, Mansour M. Veracruz, the PATIENT / LEGAL REPRESENTATIVE hereby authorize the following
Clinic Name: FOA Address: 11008 S J St 4th floor
City: Tacoma Zip: 98405 Phone #: 253 274-7504 Fax #: 253 274-7890

TO RELEASE INFORMATION FROM THE HEALTH RECORD OF: Mansour M. Veracruz
(Patient Name) (Date of Birth)

DATES TO BE RELEASED	
<input type="checkbox"/> Most recent two years	<u>Dr. Hendrix</u>
<input type="checkbox"/> Most recent five years	
<input checked="" type="checkbox"/> All dates	
<input type="checkbox"/> Specific dates for care received: <u>1-30-2012</u>	
FROM <u>1-1-2012</u> THROUGH <u>2-10-2012</u>	

INFORMATION TO BE RELEASED	
<input checked="" type="checkbox"/> ALL RECORDS	<input type="checkbox"/> LAB REPORTS
<input type="checkbox"/> CHART NOTES	<input checked="" type="checkbox"/> RADIOLOGY REPORTS
<input type="checkbox"/> EKGS	<input type="checkbox"/> MEDICATION LISTS
<input type="checkbox"/> CONSULTATIONS	<input type="checkbox"/> IMMUNIZATIONS
<input type="checkbox"/> SPECIFIC ITEMS: <u>Pre Surgery exam</u>	

If requesting a copy of your own records, how would you like to receive the information? ☒ Paper ☒ CD

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

- ☐ PATIENT WILL PICK UP AT ST. JOSEPH'S MEDICAL CLINIC - 1708 S YAKIMA AVE LOBBY LEVEL TACOMA, WA 98405
☒ FMG WILL MAIL RECORDS TO THE FOLLOWING INDIVIDUAL OR ORGANIZATION

Name / Organization: Mansour M. Veracruz Phone: 505-4489252 Fax: _____
Address: 420 Coal, S.E. # 7 City: Albuquerque State: New Mexico Zip: 87102

FOR THE PURPOSE OF:

- ☒ Continuing Care ☐ Insurance Billing ☒ Legal Matters ☐ Other: _____

SENSITIVE INFORMATION: I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed, or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

DISCLOSURE: I understand that authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment. I understand that once the above information is disclosed, the information may not be protected by federal privacy laws and may potentially be re-disclosed by the recipient.

REVOCAION: I understand that I may revoke this authorization at any time by notifying the Health Information Management Dept. at Franciscan Health System in writing or by completing the *Revocation of Authorization* form. I understand that the revocation will not apply to information that has already been released in response to this authorization.

EXPIRATION: This authorization will expire when the request has been filled.

Mansour M. Veracruz 12-24-2014
PATIENT / LEGAL REPRESENTATIVE SIGNATURE DATE

Relationship (if other than patient) _____ Phone # _____

FACILITY STAFF USE:

Request Received By: _____ Date: _____

Type of photo identification verified: Driver's License _____ Military ID _____ Other _____ Employee Initials: _____

Authorized representative notified that records were ready: Date _____ Employee Initials: _____

SIGNATURE of Authorized Representative Picking up Records DATE:
Type of photo identification verified: Driver's License _____ Military ID _____ Other _____

EXHIBIT A

* All action times shown on this page are in Pacific Standard Time.

_____ Elysium Results forwarded by Maecenas Hendrix on 01/11/2012 01:39:08
PM _____

Elysium FINAL DICTATION RESULTS FROM ELYSIUM TRANSCRIPTION**CHART
COPY**

Name: **VERACRUZ, MANSOUR MANAR**
Gender: **M** Age: **64 Years**
Address: **29 ST HELENS AVE APT 512** Born:
TACOMA, WA 98402
Home: **(253) 301-3767** Email:

MRN or ID: **62632971-1 [16916]**
005274444867 [Elysium]

This document has been signed by Maecenas Hendrix, MD on 11-Jan-2012 01:39 PM.

Ordered Routine by Maecenas Hendrix

** All clinical times shown on this page are in Pacific Standard Time.*

Chart Note

Service/Procedure Date: **09-Jan-2012 12:00 AM**

SUBJECTIVE: Mr. Veracruz is somebody that I saw as a consultant in the hospital. He has a paraplegia due to some type of spinal abscess compounded by diabetes. He has a nonhealing diabetic infection along with a Charcot deformity of the right ankle and has had a septic right knee which destroyed the cartilage. I recommended when he was in the hospital before that he have an above-the-knee amputation on the right. He already has a below-the-knee amputation on the left. He went home and said he did not want to have surgery, but now is back. Once again his home care has been spotty, not much wound care, and when he left the hospital he told me he is going to go back to Harborview and get them to amputate his leg when he was ready, but now he said that he would like to have his leg amputated and he does not want to go back to Harborview.

PLAN: I did not take him out of his wheelchair, but told him that he probably needs to go back in the hospital and if he wants an amputation that I will do it, but also that he will have to go skilled nursing afterwards and he agrees to this. Hopefully we can get him admitted today and maybe do his surgery tomorrow.

R&T: 01/10/2012 D: 01/09/2012

ATMS-8QELBU ATMS-8QELBU.HL7
TNI Transcription

mbh_ajk011012_0
In:ajk
CKCIGDIHIEH



femoral/popliteal artery and cross sections of anterior and posterior tibial arteries, A5 - representative section of bone underlying plantar surface ulceration submitted for decalcification prior to permanent section, A6 - shave of proximal bone resection margin submitted for decalcification prior to permanent section.
BS/jw 1-27-12

MICROSCOPIC DESCRIPTION:

Slide reviewed. Microscopic supports the final diagnosis.
DB/dk 1/31/12

Donald E Bauermeister, M.D.
Pathologist
Electronically signed 1/31/2012

Date/time of specimen receipt: 26-Jan-2012 04:21 PM

Date/time of report: 31-Jan-2012 01:56 PM

Relevant Clinical Information: Data not supplied

0001202605390 20120131140806_20804.fhslab_o 1
Lab Processing MLR

009068019
8010001
CKCIGDIHIEH

MACROSCOPIC DESCRIPTION:

Received fresh labeled with the patient's name and designated "right above-the-knee amputation" is a right above the knee amputation measuring 73.5 cm from the bone and soft tissue resection margins to the heel and 29.5 cm from the heel to the tip of the great toe. The skin overlying the leg and foot is darkly pigmented. The bone and soft tissue resection margins grossly appear viable. Involving the right lateral aspect of the thigh is a 5.0 x 2.5 cm ulceration. The ulcerative bed is lined by purulent appearing yellow to pink-gray exudate. Extension of the ulceration to the underlying bone is not identified. Present on the medial aspect of the ankle is 2.0 cm in greatest dimension ulceration which also appears relatively superficial and does not extend to the underlying bone. The bed of the ulcer is covered by a purulent exudate. The plantar surface of the foot is remarkable for a 10.5 x 7.5 cm ulceration. This ulcerative bed is covered by a green to yellow fibrinopurulent exudate. This ulceration extends deep into the soft tissue and up to the bone. The ulceration is surrounded by raised, indurated and hypopigmented skin. The foot has three toes. Toes 2 and 4 are surgically absent. The surgical sites of the amputation are well healed and grossly unremarkable. The skin overlying the foot is remarkable for a bosselated like appearance and scale-like appearance.

Dissection of the vasculature of the specimen reveals a moderate atherosclerotic plaque formation of the distal femoral/popliteal artery resulting in at least 50% stenosis of the arterial lumen. Cross sections of the anterior and posterior tibial arteries reveals minimal atherosclerotic plaque formation. Stenosis of the arterial lumen is not grossly identified. Sectioning of the bone underlying the ulceration present on the plantar surface of the foot reveals softening.

Summary of sections: A1 - anterior and posterior soft tissue resection margins, A2 - representative sections of ulceration involving lateral aspect of thigh and medial aspect of lower leg, A3 - representative sections of ulceration involving plantar surface of foot, A4 - cross sections of distal

40358

D: Wed Feb 01 18:53:53 2012 PST

T: Thu Feb 02 07:55:27 2012 PST

46822468 /46822468

cc:

*** PRELIMINARY REPORT ***

46822468 20120202080124_4702.fhstrm 1
Hospital Transcription

46822468
400
CKCIGDIHIEH



* All action times shown on this page are in Pacific Standard Time.

Elysium FINAL TRANSCRIPTION RESULTS FROM ST JOSEPH MEDICAL CENTER**CHART
COPY**

Name: **VERACRUZ, MANSOUR M**
Gender: **M** Age: **64 Years**
Address: **29 ST HELENS AVE APT 512 Born:**
TACOMA, WA 98402
Home: **(253) 301-3767** Email:

MRN or ID: **940216396 [SJMC]**
005274444867 [Elysium]

Ordered by **Maecenas B Hendrix**
Attending: **Nellie Nanda**

* All clinical times shown on this page are in Pacific Standard Time.

OPERATIVE REPORTVisit #: **1202202485**Service/Procedure Date: **22-Jan-2012 12:00 AM**

MEDICAL RECORD NUMBER: **940216396**
ACCOUNT NUMBER: **1202202485**

***** PRELIMINARY REPORT *****DATE OF PROCEDURE: **01/30/2012**SURGEON: **Maecenas B Hendrix, MD**ANESTHETIC: **General.**ANESTHESIOLOGIST: **Christina L Szigeti, MD and Russell R Holtz, MD**PREOPERATIVE DIAGNOSIS: **Wound hematoma, right above knee amputation stump.**POSTOPERATIVE DIAGNOSIS: **Wound hematoma, right above knee amputation stump.**OPERATION PERFORMED: **Incision and drainage of wound hematoma right amputation stump.**

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room in his bed and given a general anesthetic and then transferred to the operating table in the supine position. The amputation stump on the right was above the knee fairly short. It was 4 days postop and he had a sort of a bulbous swelling on the medial side. The stump was prepped to the groin and sterilely draped using split sheets, and then I removed the sutures from the medial 1/2 of the suture line and evacuated a fairly large hematoma. There was no sign of active bleeding. I removed a couple of deep sutures and did not find any active bleeding from under the muscle layer. I cultured the wound and then I irrigated it and inserted a drain which went under the deep fascial layer. The wound was then closed using 1 Vicryl to close the deep fascia, and 2-0 nylon interrupted mattress sutures for the skin. A sterile dressing was applied, and the patient was transferred back to his bed, where the anesthetic was reversed and he was taken to recovery room in satisfactory condition. He tolerated the procedure well. The blood loss from the surgery was minimal although the hematoma was probably 2-300 mL.

Maecenas B Hendrix, MD

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